PAGE 1 / 24

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN	SA For	Other Than An A	uthorized (Committe	e		Office Us	e Only	
1. NAME OF COMMITTE		PE OR PRINT ▼		ple: If typin he lines.	g, type	12FE4	M5		
COURAGE	EOUS CONSE	RVATIVES PAC					1 1 1 1		
ADDRESS (num	ber and street)	Halifax Ct							
than p	roviously	Marlton				NJ	08053		
2. FEC IDEN	TIFICATION NUME	BER ▼	CITY A		;	STATE A		ZIP COD	E ▲
C coo	587022	3.	IS THIS REPORT	N (1	EW N) OR		AMENDED A)		
(Choose On	rly Reports:	Report Due On:	eb 20 (M2) lar 20 (M3) pr 20 (M4)	l l	May 20 (M5) un 20 (M6) ul 20 (M7)	Se	ep 20 (M8) et 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Ju Qi Qi Qi Qi Qi Qi Ja	oril 15 uarterly Report (Q1) uly 15 uarterly Report (Q2) ctober 15 uarterly Report (Q3) anuary 31	(c) 12-Day PRE-Election Report for the:	_ c	rimary (12P)		-	al (12G)	in the	Runoff (12R)
Ju Re Ye	ear-End Report (YE) uly 31 Mid-Year eport (Non-election ear Only) (MY) ermination Report ER)	(d) 30-Day POST-Election Report for the:		eneral (30G	i)	Runoff	(30R)	in the State of	Special (30S)
5. Covering Pe	eriod 09	01 2016		through	09	30	201	6	
-		Report and to the best Curtis, Elizabeth, , ,	of my knowle	edge and b	elief it is tru	ie, correct a	and complet	e.	
Signature of Tre	Curtis, El	izabeth, , ,	[E	Electronically	Filed]	Date 12	M / D 07	D /	2016
NOTE: Submissio	on of false, erroneous	s, or incomplete informa	tion may subj	ect the pers	on signing th	nis Report to	the penaltic	es of 52 l	J.S.C. § 30109
Office Use								FORM ev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		7168.24
	(b) Cash on Hand at Beginning of Reporting Period	2390.11	
	(c) Total Receipts (from Line 19)	9500.00	260280.21
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11890.11	267448.45
·.	Total Disbursements (from Line 31)	11062.59	266620.93
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	827.52	827.52
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	187081.35	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COURAGEOUS CONSERVATIVES PAC

I. Receipts tions (other than loans) From: viduals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	O.00 O.00 O.00 O.00	COLUMN B Calendar Year-to-Date 111712.00 9741.48 121453.48
viduals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	0.00	9741.48
In Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	0.00	9741.48
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	0.00	9741.48
Unitemized	0.00	9741.48
TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	0.00	7 1 1 1 1 1 1
TOTAL (add Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	0.00	7 1 1 1 1 1 1
Lines 11(a)(i) and (ii) itical Party Committees er Political Committees	7 7 7 7	121453.48
itical Party Committeeser Political Committees	7 7 7 7	
er Political Committees	0.00	
er Political Committees	0.00	0.00
-h DAO-)	7 7 7 7	
ch as PACs)	0.00	2500.00
al Contributions (add Lines		
a)(iii), (b), and (c)) (Carry		
als to Line 33, page 5)	0.00	123953.48
s From Affiliated/Other		
ommittees	0.00	0.00
s Received	9500.00	130081.35
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	6245.38
	0.00	0243.36
	0.00	0.00
	0.00	0.00
·	0.00	0.00
	0.00	0.00
	0.00	0.00
,	4	4 4
Funds (from Schedule H5)	0.00	0.00
Trands (nom concade 115)	4 4	4 4
Transfers (add 18(a) and 18(b))	0.00	0.00
	als to Line 33, page 5)	als to Line 33, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	15.00 1110 1 51100	Calcridat Teat-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1000 50	70670.06
Expenditures (c) Total Operating Expenditures	10062.59	78670.26
(add 21(a)(i), (a)(ii), and (b))▶	10062.59	78670.26
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E)	1000.00	187950.67
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Panaymenta Mada	0.00	4 4 4
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(h) Delitical Berty Committees	7 7 1 7	4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
•	5.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
·	4 4	4
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11062.59	266620.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	11062.59	266620.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	123953.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	123953.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10062.59	78670.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6245.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10062.59	72424.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 11a 11b 11c 12 **X** 13 14 15 16

Any information copied from such Reports an or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVA	ATIVES PAC			
Full Name of Individual (Last, First, Middle Ekstrom, Christopher, , ,	Initial) or Full Orga	nization Name	Date of Red	ceipt
Mailing Address 25 Highland Park Village			09 /	19 2016
Suite 100 City	State	Zip Code		on ID : SA13.4934
Dallas	TX	75205		Each Receipt this Period
FEC ID number of contributing federal political committee.	C			9500.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo	Item
Self-employed	Investo	r	Demand Loa	n
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 130081.35		
Full Name of Individual (Last, First, Middle B. Mailing Address	Initial) or Full Orga	nization Name	Date of Rec	ceipt
City	State	Zip Code		
FEC ID number of contributing federal political committee.	C			Each Receipt this Period
Name of Employer (for Individual)	Occupa	ition (for Individual)	Memo	item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼		
Full Name of Individual (Last, First, Middle	Initial) or Full Orga	nization Name	Date of Red	coint
Mailing Address			M = M /	
City	State	Zip Code	Amount of I	Each Receipt this Period
FEC ID number of contributing federal political committee.	С		7 Incarit of t	, and the second second
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo	Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼]	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)			-	9500.00 9500.00

S 17

SCHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER	:	PAGE 7 OF 24				
ITEMIZED DISBURSEMENTS		for each category of the ` —			only one)					
		Summary Page	X 21		23 28c	26 27 29 30b				
Any information conied from such Departs and Otto		mat ha aald ay								
Any information copied from such Reports and Stator for commercial purposes, other than using the n										
NAME OF COMMITTEE (In Full)										
angle COURAGEOUS CONSERVATIV	ES PAC									
Full Name (Last, First, Middle Initial)										
A. Atlantic Media				Date o	f Disburse	ment				
M. W. A.L. B. 207				M M / D D / Y Y Y Y						
Mailing Address Box 297				09	20	2016				
City	State	Zip Code		FEC Id	entification	n Number				
Rodanthe	NC	27968								
Purpose of Disbursement Polling Consulting					C0058702	?2				
Candidate Name			Catagony			ID: SB21B.4929 Disbursement this Period				
COURAGEOUS CONSERVATIV	ES PAC		Category/ Type	Amoun	t or Lacii	Disbursement this renou				
Office Sought: House Disburs	sement For:	2016		7 L.	75	4990.10				
Senate	Primary	✗ General			,	,				
State: District:	Other (spe	ecity) \blacktriangledown		Me	emo Item					
Full Name (Last, First, Middle Initial)										
B. Atlantic Media				Date o	f Disburse	ment				
				M = M	/ D					
Mailing Address Box 297					2	0 2016				
City	Rodanthe NC 27968					n Number				
Rodanthe Purpose of Disbursement										
Website Services Candidate Name Category/					C C00587022					
						ID: SB21B.4932 Disbursement this Period				
COURAGEOUS CONSERVATIV			Type	7 tillouit	t or Euon	Diodalocinoni tino i crica				
	sement For:				2048.33					
Senate President	Primary	∡ General								
State: District:	Other (spe	ecny)		Me	emo Item					
Full Name (Last, First, Middle Initial)										
C. C&H Financial Services				Date o	f Disburse	ment				
Mailing Address 1 Westbrook Corporate Center				09	/ D 2					
Ste 300				0.5	-	2010				
City	State	Zip Code		FFC Id	entification	Number				
Westchester	IL	60154								
Purpose of Disbursement Processing Fees					C0058702					
Candidate Name			Catagony			ID: SB21B.4933 Disbursement this Period				
COURAGEOUS CONSERVATIV	Category/ Type	Aillouil	. OI LACII	DIODUISCINGIIL LIIIS FEIIUU						
Office Sought: House Disburs	ement For:	2016			- 45	46.25				
Senate	Primary	✗ General								
State: District:	Other (spe	ecity) 🔻		Me	emo Item					
District.										
SUBTOTAL of Disbursements This Page (optional)					7084.68				
9 (1911)	-			_	7					
TOTAL This Period (last page this line number on	lv)									

SCHEDULE B (FEC Form 3X)		FOR LINE N			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem	nents may not be sold or uses				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
COURAGEOUS CONSERVATIVES	S PAC				
Full Name (Last, First, Middle Initial)			Date of Dieburgement		
A. C&H Financial Services			Date of Disbursement		
Mailing Address 1 Westbrook Corporate Center Ste 300			09 30 2016		
,	State Zip Code		FEC Identification Number		
Westchester Purpose of Disbursement	IL 60154				
Credit Card Processing			C C00587022 Transaction ID : SB21B.4927		
Candidate Name	2.04.0	Category/	Amount of Each Disbursement this Period		
COURAGEOUS CONSERVATIVES Office Sought: House Disbursen	S PAC nent For: 2016	Туре	130.90		
	Primary		100.00		
	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
B. Curtis, Elizabeth, , ,			Date of Disbursement		
Mailing Address 5 Halifax Ct			09 23 2016		
			20 2010		
City S Marlton	State Zip Code NJ 08053		FEC Identification Number		
Purpose of Disbursement					
Compliance					
Candidate Name	Category/	Transaction ID : SB21B.4925 Amount of Each Disbursement this Period			
COURAGEOUS CONSERVATIVE	S PAC nent For: 2016	Туре	700.00		
	Primary		700.00		
	Other (specify)		Memo Item		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)			Date of Dishumanant		
C. Law Office of James C Thomas III			Date of Disbursement		
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300					
,	State Zip Code		FEC Identification Number		
1 10 10	MO 64153				
Purpose of Disbursement Legal Consulting			C C00587022		
Candidate Name		Category/	Transaction ID : SB21B.4928 Amount of Each Disbursement this Period		
COURAGEOUS CONSERVATIVE	SPAC	Type	, and an east proparation this i enou		
	nent For: 2016		28.75		
	Primary General				
State: President District:	Other (specify) ▼		Memo Item		
State. District.					
SUBTOTAL of Disbursements This Page (optional)		·····•	859.65		
TOTAL This Period (last page this line number only)					

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S	CHEDULE B (FEC Form 3X)		FOE			FOR LINE NUMBER: PAGE 9 OF 24									
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) (check			(check only one)									
		Detailed S	Summary Page			21b	22		23		26		27		
_				1 - 1		28a	28b		28c		29		30b		_
	ly information copied from such Reports and Stater for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
$ \rangle$	COURAGEOUS CONSERVATIVES PAC														
\angle	Full Name (Last, First, Middle Initial)														
A.	Midwest Freedom Enterprises						Date	of Di	isburse	emei	nt				
	<u> </u>						М	M /		D	/ Y		Y	I Y	
	Mailing Address PO Box 7811						09		3	0		_ 2	2016	_	
	City State Zip Code						FEC	ldent	ificatio	n Nı	ımber				
	Des Moines	IA	50323					-	-	-		÷	-		
	Purpose of Disbursement Email Services					$\neg \bot$	C	-	05870						
	Candidate Name			Cate	gor		-		action Each					Peri	iod
	COURAGEOUS CONSERVATIVE				/pe	''	, 11100			210	- GI 001	-	-	_	
		ment For: 2							7	_	7	_	2115.	26	
	Senate President	Primary Other (spec	✓ General												
	State: District:					_		riemo	Item						
_	Full Name (Last, First, Middle Initial)														
B.							Date	of D	isburse						
	Mailing Address					\dashv	М	M /	D	D	/ Y		Y	Y	
															1
	City	State	Zip Code			T	FEC Identification Number								
Purpose of Disbursement					C										
								-		-	-	-			
Candidate Name						Category/ Amount of Each Disbursement this Perio					od				
	Office Sought: House Disburser	ment For:		1)	/pe										
	Senate	Primary	General					_	7		7			-	
	President	Other (spec	eify)				N	1emo	Item						
_	State: District:														
C.	Full Name (Last, First, Middle Initial)						Date	of Di	isburse	emei	nt				
							M	M /	D	D	/ Y		Y	I Y	1
	Mailing Address								L			_			
	City	State	Zip Code			+	FFC	Ident	ificatio	n Ni	ımher				
	Purpose of Disbursement							Jaoint	oalio	140		+	-		
	ruipose oi Dispuisement			Г.		$\neg \bot$	C			_		_			
	Candidate Name			Cate	gor		Amou	ınt of	Each	Dis	ourse	mer	ıt this	Peri	iod
					/pe	,	50	51		5	55			. 5//	
		ment For:	Ganaral						7		7			-	
	Senate President	Primary Other (spec	General cify) ▼				п.	_							
_	State: District:					_		riemo	Item						
Г								-	-	_	_	-			$\overline{\neg}$
s	UBTOTAL of Disbursements This Page (optional)							_	7			_	2115	.26	
Ţ	OTAL This Period (last page this line number only)	_ 				_							10059	.59	
1 '	VIAL THIS I CHOO (last page this line number only)								,		7				

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Potanou duminary rago Port Elive 15 of Portivi 5X					
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4280					
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item					
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼					
City	State	ZIP Code					
Dallas	TX	75205					
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period					
12000.00		0.00 12000.00					
TERMS Date Incurred	D	ate Due Interest Rate Secured:					
M 10 M / D 21 D / Y 2015 Y	M = M / D = D	0.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) to Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional	(l.	12000.00					
TOTALS This Period (last page in this line o	TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3. Schedule D. for this line If no Schedule D. carry forward to appropriate line of Summary							

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE				
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	/ES PAC	Transaction ID : SC/10.4281				
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N				
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼				
City	State	ZIP Code				
Dallas	TX	75205				
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period				
15000.00		0.00 15000.00				
Date Incurred 11 05 2015	M M / D D	late Due Interest Rate Secured: 'Yes No				
	<u> </u>	% (apr) Yes X No				
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	/) to Loan Source	Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	-	Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (option	al)	15000.00				
TOTALS This Period (last page in this line	only)					
Carry outstanding balance only to LINE 3. Schedule D. for this line If no Schedule D. carry forward to appropriate line of Summary						

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 24

		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X				
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4283				
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N				
Mailing Address 25 Highland Park Village		Other (specify) ▼				
Suite 100						
City	State	ZIP Code				
Dallas	TX	75205				
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period				
30000.00	-	0.00 30000.00				
TERMS Date Incurred	D	te Due Interest Rate Secured:				
M 11 M / D 17 D / Y 2015	M = M / D = D	% (apr) Yes X No				
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
OTALS This Period (last page in this line only)						

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 24

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		S PAC	Transaction ID : SC/10.4404
LOAN SOURCE Full Name Ekstrom, Christopher, , ,	(Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	6500.00	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 6500.00
TERMS Date Incurred	Ž016	M = M / D = C	Date Due Interest Rate Secured: 11/8/16 0.00 % (apr) Yes No
List All Endorsers or Guara 1. Full Name (Last, First, Mid	, ,,	to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mid	ddle Initial)	,	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This			
			s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVI	Transaction ID: SC/10.4405			
LOAN SOURCE Full Name (Last, First, MEkstrom, Christopher, , ,	N			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100 City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
20000.00		0.00 20000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
01 / 22 / Y 2016	M = M / D = D	11/8/16 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line or				
Carry outstanging palance only to LINE 3. So	cneaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	ES PAC	Transaction ID: SC/10.4406		
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N ☐ Memo Item			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100	Otata	7ID Oada		
City	State	ZIP Code		
Original Amount of Loan	Cumulative Pay			
8000.00	Cumulative Fay	0.00 Balance Odistanding at close of This Feriod		
TERMS	D	nto Duo Interest Data Conurado		
Date Incurred Mo1 / D25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = D	ate Due Interest Rate Secured: Y 1 1/8/16 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) 8000.00 TOTALS This Period (last page in this line only)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		
Carry Outstanding Datable UNIV to LINE 3. 50	medule D. (Of this	inie, ii no ocheuule d. carry lorwaru to appropriate iine of oummary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4500		
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N ☐ Memo Item			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
8500.00	7	0.00 8500.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 02	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) 8500.00 TOTALS This Period (last page in this line only)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID: SC/10.4505		
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	N			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
30000.00		0.00 30000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M02 ^M / D12 ^D / Y 2016	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page FOR LINE 13 OF FORM 3X			
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4510			
COURAGEOUS CONSERVATIVES PAC						
LOAN SOURCE Full Name (L Ekstrom, Christopher, , ,	ast, First, M	iddle Initial)	N ☐ Memo Item Election:			
Ekstrom, Crinstophier, , ,			Primary General			
Mailing Address 25 Highland Pa	rk Village		Other (specify) ▼			
Suite 100	iii viiiago					
City		State	ZIP Code			
Dallas		TX Downstation Dow	75205			
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period			
17	7000.00		0.00 17000.00			
TERMS Date Incurred		D	Pate Due Interest Rate Secured:			
	16	M = M / D = D				
List All Endorsers or Guaranto	ors (if any)	to Loan Source				
1. Full Name (Last, First, Middle	, ,,		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)						
FOTALS This Period (last page in	this line on	ly)	······································			
	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			
-	-	•	•			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page FOR LINE 13 OF FORM 3X				
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4555				
COURAGEOUS CONSERVATIVES PAC						
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N				
Ekstroni, Omistopher, , ,		Primary General				
Mailing Address 25 Highland Park Village		Other (specify) ▼				
Suite 100						
City	State	IP Code				
Dallas	TX	75205				
Original Amount of Loan	Cumulative Paym	ent To Date Balance Outstanding at Close of This Period				
10000.00	7	0.00 10000.00				
TERMS	Det	- Due Interest Date Consumed				
Date Incurred M 03 / D18 / Y Y 2016	M = M / D = D	e Due Interest Rate Secured: % (apr) Yes X No				
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line on	ly)	······································				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this I	ne. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanoa Gammary Fago Fort Elive 15 of Fortivi 5X
AME OF COMMITTEE (In Full)		S PAC	Transaction ID : SC/10.4892
LOAN SOURCE Full Name			N
Ekstrom, Christopher, , ,		,	Primary General
Mailing Address 25 Highland	Park Village		Other (specify) ▼
Suite 100			
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
	4567.89		0.00 4567.89
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M 07	2016	M = M / D = D	0.00 % (apr) Yes X No
List All Endorsers or Guara	ntors (if any)	to Loan Source	
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional)		4567.89
TOTALS This Period (last page			4007.09
Carry outstanding halance only	to LINE 3 So	hedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4891		
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N ☐ Memo Item Election: ☐ Primary ☐ General			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
6000.00	7	0.00 6000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 07 M / D 11 D / Y 2016 Y	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) 6000.00 TOTALS This Period (last page in this line only)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OT TOTALINE			
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID : SC/10.4918			
LOAN SOURCE Full Name (Last, First Ekstrom, Christopher, , ,	N				
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼			
City	State	ZIP Code			
Dallas	TX	75205			
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period			
10013.46		0.00 10013.46			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
M 08 / D 04 / Y Y 2016 Y	M M / D D	/ 12/31/2020			
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	,	Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X			
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4934				
COURAGEOUS CONSERVATIVE	S PAC				
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	iddle Initial)	N ☐ Memo Item			
Mailing Address 25 Highland Park Village		Other (specify) ▼			
Suite 100					
City	State	ZIP Code			
Dallas	TX	75205			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
9500.00		0.00 9500.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
M 09 19 2016	M M / D D	12/31/2020 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
Walling Address					
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
-		Cooupailon			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line onl	у)	187081.35			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 24	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
COURAGEOUS CONSERVATIVES F	PAC			C IDENTIFICATION NUMBER ▼	
			C	C00587022	
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on	/ D D / Y Y Y Y	
Full Name of Payee Ekstrom, Christopher, , ,		☐ Memo It	em Date of Pr	ublic Distribution/Dissemination / DDD / YDD YDD 2016	
Mailing Address 25 Highland Park Village					
Suite 100			Amount		
City	State	Zip Code		1000.00	
Dallas	TX	75205		on ID : SE.4920 isbursement or Obligation	
Purpose of Expenditure Social Media Buy		Category/ Type 004	M 09	30 / Y 2016	
Name of Federal Candidate:		X Support	Office Sought:	House District:	
Castle, Darrell, , ,		Oppose	✗ President	Senate State:	
Calendar Year-To-Date			Disbursement Fo	or: Primary X General	
Per Election for Office Sought	7-1-1-7-	1000.00	2016 Other	(specify) ▶	
Full Name of Payee		☐ Memo It	1	ublic Distribution/Dissemination	
			M = N	/ D D / Y Y Y Y	
Mailing Address					
			Amount		
City	State	Zip Code			
			Date of D	ishursement or Obligation	
Purpose of Expenditure Category/ Date of Disbursement or Obligation					
		Type	_		
Name of Federal Candidate:		Support	Office Sought:	House District:	
		Oppose	President	Senate State:	
Calendar Year-To-Date			Disbursement Fo	or: Primary General	
Per Election for Office Sought	7-1-1-7-		Other	(specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditu				1000.00	
(a) TOTAL Independent Expenditures			.	1000.00	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized				
Curtis, Elizabeth, , ,	[Electronically File	ed] Date	12 0	7 2016	
Cianatura		_ Date	نا لتنا		